

Statement of Organization (Slate Mailer Organization)

(Government Code Sections 84100,84101,84103,84104,84108)

Type or print in ink.

| | | |
|---|------------|--|
| Amendment <input checked="" type="checkbox"/> Check box if an Amendment and enter I.D. number: # 002 | Date Stamp | CALIFORNIA 1992 FORM 400 FOR OFFICIAL USE ONLY |
| Date qualified as a Slate Mailer Organization: (Month, Day, Year) _____ | 1/4 | |

Please check one box to indicate the organization's level of activity:

- ☐ CITY
☐ STATE
☐ COUNTY

File an original and one copy of this form with:
Secretary of State
Political Reform Division
P.O. Box 1467
Sacramento, CA 95812-1467

And, if applicable, file one copy of this form with:
The city or county filing officer, if any, with whom the organization must file its original campaign disclosure statements.

I Slate Mailer Organization Information

FULL NAME OF SLATE MAILER ORGANIZATION:

The Harvey Milk LGBT Democratic Club Voter Guide

STREET ADDRESS OF SLATE MAILER ORGANIZATION: (NO. AND STREET)

| | | | | | |
|---------|-------|----------|---------|-----------|--------------|
| CITY | STATE | ZIP CODE | COUNTY | AREA CODE | PHONE NUMBER |
| Oakland | CA | 94618 | Alameda | | |

MAILING ADDRESS OF FILER (IF DIFFERENT THAN ABOVE):
San Francisco
CA

A OFFICIAL USE ONLY

B OFFICIAL USE ONLY

II Treasurer And Other Principal Officers

| | | |
|-----------|--------------------------------------|-------------------------------|
| | NAME AND PERMANENT ADDRESS | (AREA CODE) DAYTIME PHONE NO. |
| TREASURER | Usher Katherine San Francisco | CA |

Please see attached pages for other officers

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT FOR SLATE MAILER ORGANIZATIONS

State of California Fair Political Practices Commission

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2/4

FULL NAME OF SLATE MAILER ORGANIZATION:
The Harvey Milk LGBT Democratic Club Voter Guide

III Individuals Who Authorize Contents Of Slate Mailers (See Instructions on Reverse)

Please see attached pages

IV Is This Organization A "Committee" Pursuant To Government Code Section 82013?

☐ **YES** (PROVIDE THE NAME AND, IF RECIPIENT COMMITTEE, THE IDENTIFICATION NUMBER OF THE COMMITTEE.)

☐ **NO**

NAME: ST ID NO. N

V Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 04/26/2019 At San Francisco By Katherine Usher CA
DATE CITY AND STATE SIGNATURE OF RESPONSIBLE OFFICER

Name of Responsible Officer Katherine Usher CA Title Treasurer
(TYPE OR PRINT)

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III Individuals Who Authorize Contents Of Slate Mailers (See Instructions on Reverse)

| FULL NAME | ADDRESS (NO. AND STREET, CITY, STATE, ZIP CODE) | (AREA CODE) DAYTIME PHONE NO. |
|----------------------|---|-------------------------------|
| Kevin Bard,President | San Francisco CA 94114 | |
| Katherine Usher | San Francisco CA 94109 | |

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II Treasurer And Other Principal Officers

| POSITION | NAME AND PERMANENT ADDRESS | (AREA CODE) DAYTIME PHONE NO. |
|----------|----------------------------|-------------------------------|
| | Kevin Bard,President | |
| | San Francisco CA 94114 | |

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